

Project Number: IIR 08-071-2

Project Title: Access to Treatment & Outcomes for Veterans with Substance Use Disorders

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Anticipated Impacts on Veteran's Healthcare: This study will measure the effects of access to treatment on outcomes for veterans with substance use disorders. Access will be measured by waiting times, distance to VA facilities, and variation in local supply of non-VA treatment. The results will help inform VA policy regarding the establishment of mental health and substance abuse treatment resources in community based outpatient clinics.

Project Background: The number of veterans with substance use disorders increased from 366,000 in FY2000 to 533,000 in FY2003, an increase of 31%. Over the same period, the average number of veterans on waiting lists for substance abuse treatment programs increased. Average waiting lists grew 458% for inpatient programs, 36% for residential programs, and 100% for intensive outpatient programs.

Project Objectives:

Objective 1. Describe patterns and trends in fiscal, supply, wait time, and utilization variables over study period. Hypotheses are:

H11. State government budgets and the supply of non-VA treatment services declined during the study period.

H12. Wait times for VA treatment services increased during the study period.

H13. VA treatment utilization was concentrated among veterans living near VA programs.

Objective 2. Estimate the relationship between fiscal variables, the supply of treatment, and utilization of VA treatment. Hypotheses are:

H21. Reductions in state fiscal variables lead to reductions in supply of non-VA treatment.

H22. Reductions in non-VA supply of treatment do not lead to increased utilization of VA treatment services.

H23. Reductions in non-VA supply of treatment leads to increases in wait times for VA treatment.

H24. Utilization of VA treatment services increases when local VA budgets grow.

Objective 3. Estimate the relationship between access to local treatment and health outcomes for veterans with SUD diagnoses. Hypotheses are:

H31. Receipt of VA treatment services reduces the risk of ACSC hospitalization or mortality.

H32. Reductions in the supply of non-VA treatment lead to increased probability of hospitalization for ACS conditions and increased mortality.

H33. The risk of mortality or ACSC hospitalization increases with distance from a VA treatment program.

H34. Changes in wait times for VA treatment are associated with changes in ACSC hospitalization and mortality.

Project Methods: This will be a retrospective study of secondary data. Data sources will include VA, Medicare, and Medicaid utilization and claims records as well as VA waiting times data from 2001 to 2005. These data will be supplemented by data from the VA drug and alcohol program survey from 2000, 2003, and 2006.